

**QA
3902.1003**

**Fermilab Assessment Manual Chapter 3
Management Assessment Procedure**

**Office of Quality and Best Practices
Fermi National Accelerator Laboratory
Batavia, IL
April, 2010**

Approved By: _____

**John Robert Grant
Head, Office of Quality and Best Practices
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SUBJECT:	Fermilab Assessment Manual - Chapter 3 Management Assessment Procedure	NUMBER:	3902.1003
RESPONSIBILITY:	Quality Assurance Manager	REVISION:	001.1
APPROVED BY:	Head, Office of Quality and Best Practices	EFFECTIVE:	04/14/10

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1.0 PURPOSE & SCOPE

This procedure provides the instructions for the performance of Fermilab management assessments by organizations internal to Fermilab. These assessments are required by the Fermilab Integrated Quality Assurance (IQA) Program and the Fermilab Integrated Contractor Assurance Program (FICAP). Fermilab management (i.e. Directorate and Divisions/Sections/Centers heads) are expected to regularly assess the performance of their organizations to identify and correct problems that would hinder their organizations from achieving their mission, objectives, and performance requirements.

This procedure does not apply to assessments performed at Fermilab by the Fermilab Internal Audit department, or by external organizations. The process to achieve recognition by OQBP for assessments performed by external organizations is described in Appendix 2-1 of the Fermilab Assessment Manual.

2.0 APPLICABILITY

This procedure applies to the performance of management assessments conducted by, or under the direction of, Fermilab organizations. This procedure is required for management assessments that are recognized on an accepted OQBP assessment schedule. Organizations will use a graded approach to determine if any additional management assessments require the use of this procedure.

3.0 RESPONSIBILITIES

3.1 Heads of Divisions/Sections/Centers (D/S/Cs) or an authorized designee:

- Schedule management assessments of their organizations and ensure the assessments are started and completed on schedule.
- Provide the leadership for the assessment activities, or appoint someone with the requisite management knowledge and experience in the areas to be assessed to lead the assessment.
- Ensure they, or their designee, and any other personnel leading their assessments have completed the Fermilab *Basic Assessment Training* course FN000447. This is not required prior to the availability of course FN000447.
- Ensure the assessment is planned, conducted, and reported as stated in this procedure.
- Review and ensure D/S/C head concurrence with the assessment objectives and scope.
- Sign the Management Assessment Form for each assessment upon completion of each assessment, and ensure an electronic copy of the report is provided to the D/S/C QAR and to OQBP for tracking, trending, record retention and recognition.
- Ensure any issues identified (i.e., problem areas or areas for improvement) are recorded on Corrective Action Plans (CAPs) and processed in accordance with the Fermilab Corrective & Preventive Action Procedure, 1004.1001.

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- Ensure the D/S/C Quality Assurance Representative (QAR) is informed of management assessments initiated using this procedure.

4.0 PROCEDURE

4.1 Scheduling the Assessment

D/S/C Heads or an authorized designee:

1. At the beginning of each fiscal year, identify the organization's management assessments to be conducted over the next three years with a schedule (approximate dates) for those in the upcoming fiscal year.
2. This activity is intended to update a "rolling" three-year schedule that is consolidated and maintained by OQBP to inform DOE of the planned assessments.
3. Provide this information to the D/S/C QAR and to OQBP for development of the Fermilab Annual Consolidated Assessment Schedule.
4. Notify the QAR and OQBP of any schedule changes, additions or deletions that occur after completion of the above step.

4.2 Planning the Assessment

D/S/C Heads or an authorized assessment team leader:

1. Establish the scope and objectives of the assessment, if not already established during the development of the assessment schedule, and assemble the documentation needed to fill out Mandatory Topical Areas (1) section of the form. Items to consider when selecting activities to assess and in determining scope include:
 - Importance and complexity of areas to be examined
 - Risks
 - Number and kinds of requirements which apply
 - Assessment purpose and objectives
 - Resources available to carry out assessment objectives
 - Selection criteria such as those found in the Graded Approach Procedure 1002.1000
2. Complete the Mandatory Topical Areas (1) section of the form, including as much as possible in the "Assessment Plan" section of the form. See Appendix A for an example of a completed form.
3. The Executive Summary section is NOT completed prior to completion of Mandatory Topical Areas (2) through (5) during the reporting phase.

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4. If an assessment team will be used, communicate the plan to the team, and ensure that it contains all of the information needed to conduct the assessment including criteria and lines of inquiry.
5. If the assessment is being led by a designated assessment leader, request the D/S/C head to review and verbally concur with the plan.
6. Develop any documents needed for the assessment, such as lists of interview questions, checklists, survey forms, evaluation forms, or other documents. This may continue into the early part of conducting the assessment as more information is obtained.

4.3 **Conducting the Assessment**

D/S/C Heads or an authorized assessment team leader:

1. Contact the process owners to be assessed, and arrange times to meet and conduct assessment activities.
2. Obtain the information needed to address the scope, and objectives of the assessment using one or more of the following:
 - Conduct interviews
 - Review documents and records
 - Observe work in progress
 - Walk down work areas
 - Examine products
 - Surveillances

4.4 **Reporting Assessment Results**

Directors and Heads of D/S/Cs or an authorized assessment team leader:

1. Review the information collected during the assessment. Ensure it satisfies the assessment plan and contains all the information needed to adequately evaluate the subject areas being assessed.
2. Evaluate this information against the objectives of assessment Mandatory Topical Areas (1) in the Management Assessment Form:
 - Identify any noncompliance with requirements or opportunities for improvement that hinder the organization from achieving its objectives
 - Identify best practices and other lessons learned that may be worthy of sharing with other Fermilab or external organizations.
3. When assessment activities are complete, summarize the assessment results and conclusions and discuss them with the responsible management to determine if any clarifications or corrections are necessary.
4. Complete the “Executive Summary” and “Assessment Report” sections of the form. See Appendix A for an example of a completed form.

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5. Finalize and sign the report obtain D/S/C signature, and issue it to the assessed process owner.
6. Document any noncompliance with requirements identified during the assessment on Corrective Action Plans (CAPs) and process them in accordance with the Fermilab Corrective & Preventive Action Procedure, 1004.1001. Opportunities for improvement should be documented as recommendations.
7. Submit an electronic copy of the approved report to the D/S/C QAR and to Office of Quality and Best Practices (OQBP) for use in tracking and trending the results of these assessments and for ensuring that the assessment receives the appropriate recognition.

4.5 **Follow Up for Corrective Actions**

Assessment team leader:

1. Monitor progress on resolution of any issues identified during the assessment and reported on CAPs to assure they are addressed and corrected in a timely manner.
2. When corrected, have these completed actions independently verified by a Quality Assurance Representative (QAR).
3. Within a reasonable time after verification and implementation of corrective actions, validate the effectiveness of the actions taken to prevent reoccurrence and report the results to the D/S/C QAR and to OQBP. Effectiveness may be validated by surveillance, or having a surveillance performed, in accordance with Chapter 5 of the Fermilab Assessment Manual, 3902. Using a graded approach, the degree of validation will be commensurate with the risks, importance, and severity of issues corrected.

5.0 **RECORDS**

When completed the following, records of the assessment shall be maintained in accordance with the Fermilab Records Management Program.

- D/S/C head or any designated assessment team leaders Fermilab Basic Assessment Training course and training records (maintained in the TRAIN system).
- Completed and signed management assessment forms and records of validation (maintained by OQBP).

6.0 **REFERENCES**

DOE Orders DOE O 226.1A, Implementation of Department of Energy Oversight Policy
DOE O 414.1C, Quality Assurance
Fermilab Assessment Manual, 3902
Graded Approach Procedure 1002.1000
Fermilab Corrective & Preventive Action Procedure, 1004.1001

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Fermilab Records Management Program

7.0 APPENDICES

7.1 Appendix A Management Assessment Form-Example*

ASSESSMENT NUMBER:		DATE(S) CONDUCTED:	
FUNCTIONAL AREA:			
Period of Performance	From:	To:	<input checked="checked" type="checkbox"/> Self Selected <input type="checkbox"/> Mandatory

Executive Summary <p>Summary: AB policies and procedures were reviewed against Fermilab-wide procedures on records management, procurement, and material control to determine if they are adequately flowed down to appropriate levels in the organization and implemented. Where AB policies and procedures do not address the applicable policies and Fermilab procedures, the AB head and department heads were interviewed to determine if other methods were being used to assure these requirements were implemented.</p> <p>The assessment team determined the following:</p> <ul style="list-style-type: none"> There is no formal policy that implements the flow of Director's Policies and other contractual requirements to AB. Direction from the Directorate level is accomplished via regularly scheduled meetings, such as the Scheduling meeting, the Associate Director (AD) staff meetings, etc. Additional direction comes from ad hoc communications with the AD, to whom the AB Head reports. Annual performance appraisal of the AB Head by the AD provides feedback from the Directorate to the AB Head. This non-conformance is being addressed by preparing an AB Policy Manual (attached), which identifies responsibilities within AB for implementing each Director's Policy. AB currently has no formal system for records management. Records are defined and managed locally (department level). Currently Fermilab is engaged in a lab-wide effort to establish an implementation for compliance with the lab's records management procedures and DOE Order 243.1. Corrective action at the AB level will be implemented in cooperation with this lab-wide effort.
Mandatory Topical Areas (1): <ul style="list-style-type: none"> - Scope of assessment - Objectives of assessment (What questions does it address?); - Description of relevant programs/projects/activities and their status; - Requirements assessed; - Supporting Documents;
<p>Scope: Determine if applicable requirements of the Fermilab Director's Policy Manual Sections 1, 2 & 3 and Policy 1 have been flowed through AB policies and procedures to AB Departments.</p> <p>Objectives:</p> <ul style="list-style-type: none"> What Fermilab policies currently apply to DS? Has DS established a Section level document that implements or flows-down those policies? Has DS developed the subordinate documents needed to implement the applicable Director's policies and are these documents consistent with and do they support the Director's policies? Has DS flowed down the lab-wide requirements on Records Management defined in the Fermilab Records

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Management Policies and Procedures?

Description:

The AB Office within AB serves as the management arm of the organization. By setting goals for the organization, the Administration assures that budgetary and schedule commitments are maintained for all efforts. It is the goal of the AB Office to align and flow down all relevant requirements and commitments in keeping with the intention of the Director's Policy #1. In an attempt to achieve this goal the AB Office has promulgated a number of procedures and practices and has established unambiguous lines of communication from the office to the field. The majority of these activities are mature and successful however policy level documents have not been implemented.

Requirements assessed;

IQA Rev000 17 page 6, Director's Policy Manual front page & #1 4.0, Fermilab Records Management Policies and Procedures applicable sections

Supporting Documents;

Fermilab Director's Policy Manual, Integrated Quality Assurance, Fermilab Records Management Policies and Procedures, AB Office procedure manual & records

Mandatory Topical Areas (2):

- Identification of successes;

The AB Office has established and implemented effective processes to flowdown the majority of information and requirements throughout the organization.

- Included representative workers in monthly management roundtables
- Improved turnaround on worker feedback response
- Updated the website to improve access to procedures & forms

Mandatory Topical Areas (3):

Assessment Results & Recommendations –

- Identification of best practices;
- Identification of weaknesses and needs/opportunities for improvement;
- Corrective / Preventive Actions (CAPs) Initiated to identify the path forward (e.g., plan, schedule) to address needs;
- Status of opportunities to improve from last assessment

Assessment Results & Recommendations –

See Attachment A for detailed assessment results and recommendations. (For this example the attachment was omitted)

- Identification of best practices;
- Identification of weaknesses and needs/opportunities for improvement;
- Corrective / Preventive Actions (CAPs) Initiated to identify the path forward (e.g., plan, schedule) to address needs;

AB-12-10-2009-01

- Status of opportunities to improve from last assessment

These activities have not been assessed to these requirements before (This example assumes the requirements assessed are new or newly applied. If this were the second assessments of these requirements to the same activities, a status would be required.)

Mandatory Topical Areas (4):

Compliance with the prime contract, law, or other DOE, Federal, and State requirements (such as regulations, directives, etc.) as may be applicable pursuant to the terms of the prime contract

Implementation of IQA is required by DOE O 414.1C which is translated into the IQA for Fermilab's program.

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Implementation of assessments is required by Contractor Requirements Documents in DOE O 414.1C and DOE O 226.1A.

Mandatory Topical Areas (5):

What communication & interaction activities were used as verification? The assessment should address how effective systems are working at a minimum, the assessment should answer the following questions:

- Are the existing system internal controls adequate?
- Are the existing written procedures being followed?
- How does performance compare with last years, other DOE Labs or industry?
- Do you feel that the current system is working well or could improvements be made?

AB policies, procedures and practices were evaluated and compared to the requirements assessed. Implementation and effectiveness of these documents and activities were evaluated by reviewing documents and interviewing personnel at various levels throughout the AB organization to determine how well expectations were communicated, understood and achieved.

- Are the existing system internal controls adequate? Existing controls are adequate with one exception. See next item and attachment A
- Are the existing written procedures being followed? Existing written procedures are being followed however a new policy manual is needed to ensure ownership and flowdown. See attachment A
- How does performance compare with last years, other DOE Labs or industry?
- Do you feel that the current system is working well or could improvements be made?

Assessment Leader: Harry Assessgood

Head D/S/C *Number Uno*
Required

Date 12/11/2009 Signature

Distribution (Distribute to D/S/C QAR, OQBP head, and others as appropriate:
OQBP, Janet QAR, Manager AB

3902.1001 Form 1

*This example is for a self-selected management assessment. The content and style may differ from assessment to assessment and for self-selected versus mandatory assessments.

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8. TABLE OF REVISIONS

Author(s)	Description	Revision	Date
Larry Lamm	Initial draft based on input from Jeff Cotton, Jed Heyes & QAEs, updated based on some QAR feedback	000 A	06/26/09
Jed Heyes	Clarifications	000 A1 000 A2	07/05/09 11/11/09
Jed Heyes	Updates from Jeff Cotton comments & promotion to B for QAR review.	000 B	11/13/09
Jed Heyes	Addressed the following from the Sept. 2009 DOE FNAL QA Program Assessment: Identify assessment criteria - added section to the form to identify "requirements being assessed" & added to section 4.2 number 3 Guidance on determining scope - identified course FN000447 (a training component) in section 3.1 bullet 3 added scope considerations under 4.1 item 1, - experience & collaboration will further address outside this procedure Use of terms - (these comments did not apply to this procedure but the Assessment Manual where they are addressed.) Addressed the following D/S/C & QAR comments: Reformatted to removed table structure throughout & correct indent on item #5 page 4 Corrected spelling of assessment (on form) Make example generic remove FESS specific Replaced "BSS" Records Policies with "Fermilab" Removed reference to the To-Be Lessons Learned document - replaced with generic use of lessons learned until this To-Be document is approved. Replaced reference to "Fermilab Manager" with more explicit role assignments to reduce confusion Added reference course number FN000447 and stated it is not required ahead of availability 4.5 item 3 Replaced "can" with "may" 2.0 & 4.5 item 3 Included graded approach Replaced draft form and example with a form modified from the existing self-assessment form and adjusted procedure references to Mandatory Topic Areas accordingly. 4.3 Moved items 4 and 5 under 4.4 item 1	000 B1	12/06/09

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Author(s)	Description	Revision	Date
	Removed distracting use of “NOTE(s)” terms Identified roles for QARs with last bullet under 3.0 and again in sections 4.1 and 4.5. 3.1 clarified concurrence is by D/S/C head4.4 replaced problem areas with noncompliance with requirements and areas needing improvement with opportunities for improvement 4.5 item 3 - removed redundant phrases 4.2 item 1 added reference to criteria for selection (as well as scoping), item 5 now 4.3 item 2 replaced performance objectives with objectives of assessment in the Form 4.2 new item 5 provided for continued document development into conducting phase, 4.4 item 5 replaces affected with assessed process owner and added to distribution on the form 5.0 clarified record responsibilities 6.0 Updated the name of document 3902 removed related documents (schedule consolidation etc), which have been included within 3902. Added links to reference procedures		
Jed Heyes	Removed links because the assessment manual links are changing with reorganization of the entire manual into chapters and we have no control over external links. This is consistent with the approved IQA content.	000B2	01/15/2010
Jed Heyes, Susan Rahimpour	Added table of contents. Corrected minor formatting, spelling and grammar. Separated form consistent with other OQBP documents.	000B3	02/10/2010
Jed Heyes	Updated title with chapter number, Minor formats.	001	04/02/2010
Jed Heyes	Updated document number to match the chapter number. Completed revision history.	000.1	04/14/2010